

3. MAG. DKT./DEF. NUMBER	4. DIST. DKT./DEF. NUMBER 2:05-020145-001	5. APPEALS DKT./DEF. NUMBER	6. OTHER DKT. NUMBER								
7. IN CASE/MATTER OF (Case Name) U.S. v. Granata	8. PAYMENT CATEGORY Felony	9. TYPE PERSON REPRESENTED Adult Defendant	10. REPRESENTATION TYPE (See Instructions) Criminal Case								
11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) If more than one offense, list (up to five) major offenses charged, according to severity of offense. 1) 21 846=CD.F -- CONSPIRACY TO DISTRIBUTE CONTROLLED SUBSTANCE											
12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix) AND MAILING ADDRESS LAURENZI, EUGENE 50 N. Front Street Suite 800 MEMPHIS TN 38103 Telephone Number:	13. COURT ORDER <input checked="" type="checkbox"/> O Appointing Counsel <input type="checkbox"/> F Subs For Federal Defender <input type="checkbox"/> P Subs For Panel Attorney <input type="checkbox"/> C Co-Counsel <input type="checkbox"/> R Subs For Retained Attorney <input type="checkbox"/> Y Standby Counsel Prior Attorney's Name: _____ Appointment Date: _____ <input type="checkbox"/> Because the above-named person represented has testified under oath or has otherwise satisfied this court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice so require, the attorney whose name appears in Item 12 is appointed to represent this person in this case. <input type="checkbox"/> Other (See Instructions) Signature of Presiding Judicial Officer or By Order of the Court 04/29/2005 Date of Order Repayment or partial repayment ordered from the person represented for this service at time of appointment. <input type="checkbox"/> YES <input type="checkbox"/> NO Nunc Pro Tunc Date										
14. NAME AND MAILING ADDRESS OF LAW FIRM (only provide per instructions) Allen, Godwin, Morris, Laurenzi P.C. One Memphis Place 200 Jefferson Avenue Suite 400 Memphis TN 38103											
15. CATEGORIES (Attach itemization of services with dates) <table border="1"> <tr> <td>15. a. Arraignment and/or Plea</td> <td>16. b. Bail and Detention Hearings</td> <td>17. c. Motion Hearings</td> <td>18. d. Trial</td> </tr> <tr> <td>e. Sentencing Hearings</td> <td>f. Revocation Hearings</td> <td>g. Appeals Court</td> <td>h. Other (Specify on additional sheets)</td> </tr> </table> (Rate per hour = \$) TOTALS:				15. a. Arraignment and/or Plea	16. b. Bail and Detention Hearings	17. c. Motion Hearings	18. d. Trial	e. Sentencing Hearings	f. Revocation Hearings	g. Appeals Court	h. Other (Specify on additional sheets)
15. a. Arraignment and/or Plea	16. b. Bail and Detention Hearings	17. c. Motion Hearings	18. d. Trial								
e. Sentencing Hearings	f. Revocation Hearings	g. Appeals Court	h. Other (Specify on additional sheets)								
16. O u t o f C o u r t a. Interviews and Conferences b. Obtaining and reviewing records c. Legal research and brief writing d. Travel time e. Investigative and Other work (Specify on additional sheets) (Rate per hour = \$) TOTALS:											
17. Travel Expenses (lodging, parking, meals, mileage, etc.) 18. Other Expenses (other than expert, transcripts, etc.)											
19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE FROM _____ TO _____		20. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION	21. CASE DISPOSITION								
22. CLAIM STATUS <input type="checkbox"/> Final Payment <input type="checkbox"/> Interim Payment Number <input type="checkbox"/> Supplemental Payment Have you previously applied to the court for compensation and/or reimbursement for this case? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, were you paid? <input type="checkbox"/> YES <input type="checkbox"/> NO Other than from the court, have you, or to your knowledge has anyone else, received payment (compensation or anything of value) from any other source in connection with this representation? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, give details on additional sheets. I swear or affirm the truth or correctness of the above statements. Signature of Attorney: _____ Date: _____											
23. IN COURT COMP.	24. OUT OF COURT COMP.	25. TRAVEL EXPENSES	26. OTHER EXPENSES	27. TOTAL AMT. APPR/CERT							
28. SIGNATURE OF THE PRESIDING JUDICIAL OFFICER			DATE	28a. JUDGE / MAG. JUDGE CODE							
29. IN COURT COMP.	30. OUT OF COURT COMP.	31. TRAVEL EXPENSES	32. OTHER EXPENSES	33. TOTAL AMT. APPROVED							
34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) Payment approved in excess of the statutory threshold amount.			DATE	34a. JUDGE CODE							

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Notice of Distribution

This notice confirms a copy of the document docketed as number 12 in case 2:05-CR-20145 was distributed by fax, mail, or direct printing on May 2, 2005 to the parties listed.

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Honorable Samuel Mays
US DISTRICT COURT